SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT AND 23 AM 11: 32

Deun White

Write the full name of each plaintiff.

19 CV 7945

(Include case number if one has been assigned)

-against-

ainst-

COMPLAINT

Do you want a jury trial?

✓ Yes □ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

information for each additional plaintiff.

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?
Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?
B. If you checked Diversity of Citizenship
1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff, (Plaintiff's name), is a citizen of the State of
NEW YORK
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing

If the defendant is an individual:
The defendant, (Defendant's name), is a citizen of the State of
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If the defendant is a corporation:
The defendant, john is incorporated under the laws of the State of
and has its principal place of business in the State of
or is incorporated under the laws of (foreign state)
and has its principal place of business in
If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.
II. PARTIES
A. Plaintiff Information
Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed. First Name Middle Initial Last Name Street Address
County, City State Zip Code
718-790-0772 whitenol-nic agmail com Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	John	Doi		
	First Name	Last Name	47 Procus	
	Current Joh Title (or	other identifying information)	- THATACIN	
	1111	Α		
	Current Work Address (or other address where defendant may be served)			
	Current Work Addre	ss (of other address where der	1 State	
	Country City	State	Zip Code	
	County, City	State	Zip Code	
Defendant 2:	John De	SE		
	First Name	Last Name		
	いよう	> Officer	4) PRECIN-	
	Current Job Title (or	other identifying information)	·	
	HIII LA	iconia Auc		
	Current Work Addre	ss (or other address where def	endant may be served)	
	BRONX	N.J.	10466	
	County, City	State	Zip Code	
Defendant 3:	And D			
	First Name	Last Name		
	N.Y.P.	D. Officer	- 47 PRECIN-	
	Current Job Title (or other identifying information)			
	4111 LA	CONIA AUÉ	<i>3 0</i>	
	Current Work Addre	ss (or other address where defe	endant may be served)	
	<u>GRONY</u>	N	10466	
	County, City	State	Zip Code	

Defendant 4:	clohn	DOE	
	First Name	Last Name	17740
	N. Y. K. I). Officer	4 RECINT
	. (.))	ther identifying information)	
		JONIA HO	
	Current Work Address	(or other address where defe	í
	County City	State	Zip Code
	County, City	State	Zip Code
III. STATEMEN	NT OF CLAIM		
Place(s) of occurre	ence: <u>1178 E</u> £	STOWN STREET	
	1	ů	
Date(s) of occurre	ence: 130 18	and 3/29	18
FACTS:	,	·	
State here briefly	the FACTS that suppor	rt your case. Describe what h	nappened, how you were
		onally did or failed to do tha	t harmed you. Attach
additional pages i	f needed,		
4 4	re About	MENTION O	Ates And
location'	Ihad	1 FASE FRO	m the
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THO CITY		H 100 0226	
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Part	1000		
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	-		

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
imprisonment, long with determation
IV. RELIEF
State briefly what money damages or other relief you want the court to order.
. 20000. ²⁰
turnly thousand dollars /100

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complain proceed without prepayment of fees, each pla	t. Attach additional pages if necessary. If seeking to intiff must also submit an IFP application.
81919	Mit
, Dated	Plaintiff's Şigrature
Delin	White
First Name Middle Initial	Last Name
205 DAVIDSON	AUE # 60
Street Address	. /
FRONT N	10453
County, City	State Zip Code
718-790.0772	whiterd mc @ gmail.com
Telephone Number	Email Address (if available)

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

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